

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/96368 FILING DATE 9.27.01
APPLICANT(S) _____

10.14.04 12.3.04 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8	1		1		1	
9		2		2		2
10	1		1		1	
11		1		1		1
12	1		1		1	
13		1		1		1
14	1		1		1	
15						
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21						
22						
23						
24		3		3		3
25	1		1		1	
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49						
50						
TOTAL IND.	15		15		15	
TOTAL DEP.		5		5		5
TOTAL CLAIMS	50		50		50	

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS